

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

101699443

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1							
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48							
49							
50							
TOTAL IND.	2						
TOTAL DEP.	21						
TOTAL CLAIMS	23						
25							

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TOTAL IND.						
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TOTAL CLAIMS						

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